



## ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO.   | DATE          |
|---------------------------|----------|----------|---------------|
| FEE DETERMINATION         |          |          |               |
| O.I.P.E. CLASSIFIER       | J2       | 31       | 3/15          |
| FORMALITY REVIEW          | S-15     | JL2 S-15 | 3/15 C3-C7-C1 |
| RESPONSE FORMALITY REVIEW |          |          |               |
|                           |          |          |               |
|                           |          |          |               |

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 -+ ..... Restricted      O ..... Objected

| Claim    | Date    |
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| Final    |         |
| Original |         |
| 1        | 4/16/94 |
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| Claim    | Date |
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| Claim    | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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